



Missouri Public Service Commission Application for Manufactured Home Installer License

Please fill the form out completely and legibly.

PSC OFFICE USE ONLY - 6011		Transmittal Number	Check Number	Check Amount
SECTION A GENERAL INFORMATION				
<ul style="list-style-type: none">• Installer licenses are issued to an individual and cannot be used to license an entire entity.• License fee is \$150 per licensee.• The Permanent License is valid until June 30.• The Limited Use License is valid for 180 days from the date of issuance.• Licenses are not transferable.• Licensee shall notify the Commission in writing within 30 days of any Change of information required on this form.				
SECTION B PLEASE COMPLETE THE FOLLOWING				
<input type="checkbox"/> Permanent License <input type="checkbox"/> Limited Use License <input type="checkbox"/> New <input type="checkbox"/> Renewal If renewal, License Number				
<input type="checkbox"/> Check here if you are currently operating under a Limited Use License. The Limited Use License is valid for a period of 180 day and may be renewed one time. The Commission may contact any person or entity to verify the experience of the applicant before issuing the Limited Use License.				
SECTION C INSTALLER FACILITY INFORMATION				
Installer Name				
Installer Address				
Installer City/State/Zip				
County				
Phone Number		Fax Number		
SECTION D INSTALLER'S EMPLOYMENT <input type="checkbox"/> Check here if License is being required by employer. If being required by employer, complete Employer information below.				
Employer's Name				
Employer's Address				
Employer's City/State/Zip				
Phone Number		Fax Number		
LICENSE APPLICATION CHECKLIST				
<input type="checkbox"/> Completed Application				
<input type="checkbox"/> Application fee of \$150				
<input type="checkbox"/> Copy of passing Certificate issued by the Education Provider or proof of 8 hours of continuing education if Installer Class was attended less than 3 years prior - (Not required for Limited Use License)				
<input type="checkbox"/> Proof of Liability Insurance (\$300,000)				
<input type="checkbox"/> Proof of Workman's Compensation Insurance or Proof of Workman's Compensation exemption. I am claiming exemption under Section 287 for worker's compensation for the following reason: ____ Sole Proprietor with no employees ____ Partner in a partnership with no employees ____ A corporation that has filed a Notice of Election with the Division of Worker's Compensation (include a copy of the Notice of Election). Questions concerning affidavit for exemption to Worker's Compensation contact Division of Worker's Compensation at 573/751-4241.				
SECTION H		Signature _____ Date _____		
PLEASE MAIL COMPLETED APPLICATION & FEE TO: Missouri Public Service Commission Manufactured Housing & Modular Units Program P.O. Box 360 Jefferson City, MO 65102		MAKE CHECKS PAYABLE TO: Missouri Director of Revenue PHONE: 800-819-3180 FAX: 573-522-2509 E-MAIL: manhouse@psc.mo.gov WEB PAGE: www.psc.mo.gov		